

NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 117334

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MAIL STOP PATENT APPLICATION

Customer Number: 25944

**NONPROVISIONAL APPLICATION TRANSMITTAL
 RULE §1.53(b)**

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450



Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): IMAGE FORMING APPARATUS AND CORRECTION METHOD OF TRANSFER
 CONDITION THEREOF

By (Inventors): Masatoshi YAMADA

- ☒ Formal drawings (Figs. 1-14; 14 sheets) are attached.
☐ Use Figure _____ for front page of Publication.
- ☒ A Declaration and Power of Attorney is filed herewith.
- ☐ This application claims benefit of Provisional Application No. _____ filed _____.
 (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
- ☒ This patent application is assigned to BROTHER KOGYO KABUSHIKI KAISHA
☒ The executed Assignment is filed herewith.
- ☐ An Information Disclosure Statement is filed herewith.
- ☐ Entitlement to small entity status is hereby asserted.
- ☐ A Preliminary Amendment is filed herewith.
- ☒ Priority of foreign application(s) No. 2002-285336 filed September 30, 2002 in Japan is claimed (35 U.S.C. §119).
☐ A certified copy of the above corresponding foreign application(s) is filed herewith.
- ☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
- ☒ The filing fee is calculated below:

**CLAIMS IN THE APPLICATION AFTER ENTRY OF
 ANY PRELIMINARY AMENDMENT NOTED ABOVE**

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	31 - 20	= 11
INDEP CLAIMS	3 - 3	= 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference is less than zero, enter "0".

SMALL ENTITY			OTHER THAN A SMALL ENTITY	
RATE	FEE	OR	RATE	FEE
	\$ 375	OR		\$ 750
x 9 =	\$	OR	x 18	\$ 198
x 42 =	\$	OR	x 84	\$
+ 140 =	\$	OR	+ 280	\$
TOTAL	\$	OR	TOTAL	\$ 948

- ☒ Check No. 146745 in the amount of \$948.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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